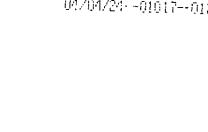
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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,	,	,
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Eiling Officer:	1
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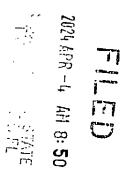
Office Use Only





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Ap

COVER LETTER

· TO:

TO: Registration Division of O	Section Corporations			
	O LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
	spondence concerning this matter			
	JOA	NIS INNOCENT	-	
		Name of Person		
		10110		
		Firm Company		
	2	2300 AVE E NW		
		Address		
		WINTER HAVEN FL 33880		
		City/State and Zip Code	<u> </u>	
	jojocelebrantine@gmai	Leom		
	E-mail address: (to be used for future annual report no	ification)	
For further information	in concerning this matter, please c	all:		
JOANI	S INNOCENT	863 220-0470		
Nan	ne of Person		ne Telephone Number	
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	E \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Add</u> Registratio		Street Address: Registration Se	ection	
Division of Corporations			Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JOJJO LLC	2024 1550
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company) 2024 155
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.24000126211}{1.0000126211}$.	pany were filed on MARCH 13, 2024 and assigned
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:
The new name must be distinguishable and contain the words "Limited I.	Liability Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	5)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered offingent and/or the new registered office address here: 	lice address on our records, <u>enter the name of the new registe</u>
The state of the s	
Name of New Registered Agent:	
Name of New Registered Agent:	Enter Florida street address . Florida

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOAN'S INNOCENT	2300 AVE E NW WINTER HAVEN FL 33880	= Add
			□Remove
			□Change
MGR	MGR METELLUS SCHONDA	2300 AVE E NW WINTER HAVEN FL 33880	= Add
		■Remove	
			□Change
			□Remove
			□Change
			□Add
			□Remove
			[::Change
			□Remove
			□Change
			□Add
			□Remove
			_ = Change

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(If an ef Note:	ive date, if other than the date of filing:
ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Halest 26 Toavis INVOCENT Typed or printed name of signee
2	Parlam D
	Signature visa tiember or authorized representative of a member
	TOANIC TAINOCENT
	Typed or printed name of signee

1

Filing Fee: \$25.00